	FOI D	км - <b>2</b>	Fina	PORT OF CAMP, APPROPRIATE terly Report heck one:) Report (Fur ndment of t	1 <sup>st</sup> nd balance	on Line E	nust b	ne \$0) 2021 JU	* * C. Q.	OF THE			
Full name and complete mailing address of Political Committee:								OR ADDRESS CHANGE		***			
Karl Ferrell							-CK I	OR ADDRESS CHANGE	COMMITTEE ID #				
PO Box 242 Joliet IL, 604										364 <sup>-</sup>	18 - 🖰 📉		
E-mail address: Kferreli2414@gmail.com CHECK FOR E-MAIL ADDRESS CH													
REPORTING PERIOD CASH AVAILAGE OF REPORTING				AT BEGINN	ING			ALL POLITICAL COMMITTEE		•			
4-1-21 6-30-21 s 0				TING JENIOD.			STATE BOARD OF ELECTIONS 2329 S MacARTHUR BLVD OF			STATE BOARD OF ELECTIONS JAMES R THOMPSON CENTER 100 W RANDOLPH, STE 14-100			
FROM THRU Repeat this amo				SECTION D, LIN	e (A)	SPRING	FIELD,			60, IL 60601-			
T.NO.N.	SECTION A — RECEIPTS							SECTION B — EXPENDITURES					
1. Individual Contributions							nsfer	s Out					
a. Itemized	)	(1a)	a.	lten	nized (from Schedule B):	\$_	0	(6a)					
b. Not-Itemized: \$ 0					(1b)	b.	Not	Itemized:	\$_	0	(6b)		
2. Transfers in						7. Loa			^	0	/9.\		
a. Itemized (from Schedule A); \$ (2a) b. Not-Itemized; \$ (2b)							l	nized (from Schedule B): -Itemized:	\$_ \$		(7a) (7b)		
b. Not-Itemized: \$ U (2b)  3. Loans Received						8. Exp		•	₹_		(/D)		
a. Itemized (from Schedule A): \$_0 (3a)						-		nized (from Schedule B):	\$_	0	(8a)		
b. Not-Itemized \$ <u>0</u> (3b)						b.	Not	-itemized	\$_	0	(8b)		
4. Other Receipts							- 1	dent Expenditures		0			
a. Itemized (from Schedule A): \$ 9					(4a)			nized (from Schedule B-9)	: \$_	0	(9a)		
b. Not-Itemized \$				/ 	(4b)			·Itemized	\$_	0	(9b)		
TOTAL RECEIPTS (1a thru 4b) \$ 0					(TR)	TO	TAL	EXPENDITURES (6a thru !	)b)\$_	0	(TE)		
********	******	******	********	*********	****	****	SECTION C — DEBTS A	***** ND (1	BUGATIO	******** NS			
5. In-Kind Contributions						4.5	ĺ	(Include previously repor					
a. Itemized (from Schedule I): \$_ b. Not-Itemized \$			;		(5a) (5b)			ized (from Schedule C): Itemized	, د ج	0	(10a) (10b)		
· • · · · · · · · · · · · · · · · · · ·			)		ŀ			₽	0	(TOP)			
TOTAL IN-KIND (5a + 5b) \$ Y (TI)						***	AL D	EBT\$ & OBLIGATIONS	_¢ *****	******	*****		
Name and address of person submitting this report <u>if other</u>								SECTION D — CAS		LANCE			
than the com	mittee's	Chair or	Treasurer:	· · · · · · · · · · · · · · · · · · ·			Cas	h available at beginning o reporting period	of  :   \$_	0	(A)		
l						Tota		elpts from Section A (TR		0	(B)		
				<u> </u>	<del></del>			Total cash (A) plus (E	): \$_	0	(C)		
						Total Ex	pend	itures from Section B (TE	): <b>\$</b> _	0	(D)		
		···						unds available at close orting period (C minus D)	f	0	(E)		
						į:	Ť	ments total (if applicable		0	(F)		
			<u> </u>										
VERIFICATION: I DEC STATEMENTS) HAS B ARTICLE 9 OF THE EL UP TO \$5000.	LARE THAT EEN EXAMI ECTION CO	THIS QUAI NED BY ME DE. I UNDE	RTERLY REPOR AND TO THE RSTAND THAT	RT OF CAMPAIG BEST THE BEST O WILLFULLY FILIF	N CONTRIBE OF MY KNOV NG A FALSE	UTIONS AND VLEDGE AND OR INCOMP	EXPE BELLE LETE S	NDITURES (INCLUDING ACCON IF IS A TRUE, CORRECT AND CO TATEMENT IS SUBJECT TO A CIV	IPANYI MPLETI IL PEN	NG SCHEDULI E REPORT AS I ALTY OF AT LE	IS AND REQUIRED BY PAST \$1001 AND		
	****				V	1 -	1	//	7/1	4/2021			

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE
THIS FORM MAY BE REPRODUCED

PAGE 1 OF 2

**REVISED 11/2018**